

## **Patterns of, Differentials of and Factors Influencing Male Participation in Family Planning in Indonesia**

**Omas Bulan Samosir  
Sapruddin M. Perwira  
Nargis  
Purwanto Teguh Widodo**

---

**Abstract:** *Gender based family planning (FP) services implies the improvement of the equity and the role of men/husbands in FP and reproductive health. However, after 30 years of government-supported FP program in Indonesia, the participation of men is low. Few studies have been conducted in effort to understand the causes of low male participation in FP in wide-diverse regions of Indonesia. To understand these causes in its intervention districts (OKI in South Sumatera, Tasikmalaya in West Java, Singkawang in West Kalimantan and Kupang in East Nusa Tenggara), the United Nations Population Fund Country Office Indonesia funded a study of the causes of low male participation in FP. Field data collection was conducted during December 2004 through January 2005. The number of reproductive age couples in the study is 639. The results of the study show that the percentage of husbands who were practicing a male FP method was higher among couples whose wives were older, who had no children, whose wives or husbands had senior high school education or higher, who came from higher income families, whose wives were currently working or ever worked and husbands were currently working, who believed that socio-cultural norms or religious values were against FP practice, who had easy access to male sterilization services and to male condom, who lived in urban areas and whose wives approved of male FP practice. After controlling for other factors, the background characteristics that statistically and significantly affect the probability of ever or currently practicing a male FP method in the study location are wife's age, husband's education, household income, district of residence, access to male condom and wife's attitude toward male FP practice.*

---

**Keywords:** Male, participation, family planning, condom, Indonesia.

## 1. INTRODUCTION

After more than 30 years of the implementation of the government-supported family planning program, most reproductive age couples in Indonesia practice female family planning methods such as the pill, injectables, IUD and implants. The participation of men is very low. Sources reported that among the causes of low male participation in family planning are low knowledge of family planning and reproductive health among men, limited choices of family planning methods, feeling of embarrassment, thinking that supporting wife is enough and wife's disapproval because the wife is afraid that the husband will be unfaithful to their marriage (e.g. *Suara Pembaruan* daily 13 July, 2000; *Kompas* daily 29 July, 2000; *Pikiran Rakyat* daily November, 2000; *Suara Merdeka* daily June, 2002; *Pikiran Rakyat* daily October, 2002).

In fact, ever heard of family planning methods is almost universal among currently married men in Indonesia. The results of the 2002-2003 Indonesia Demographic and Health Survey (IDHS) show that 97% of currently married men in Indonesia ever heard of at least one of family planning methods. The percentage of husbands who ever heard of male condom was highest (82%). Meanwhile, the figure was 32% for male sterilization, 30% for periodic abstinence and 23% for withdrawal method. On average, currently married men ever heard of between 5 and 6 of 12 family planning methods.

Despite of high ever heard of and high approval toward family planning, the proportion of ever user and current user of family planning was very low among Indonesian men. The results of the 2002-2003 IDHS show that only 0.6% of currently married men ever used male sterilization, 4.0% ever used male condom, 3.8% ever practiced periodic abstinence and 4.6% ever practiced withdrawal method. Current practice of family planning was even much lower among Indonesian men. The results of the same survey show that only 4.4% of reproductive couples practiced male family planning methods (0.4 % of currently married men practiced sterilization, 0.9% used male condom, 1.6% practiced periodic abstinence and 1.5% practiced withdrawal method). This figure is low compared to 5.2% in Pakistan in 1998, 13.9% in Bangladesh in 1997 and 16.8% in Malaysia in 1988.

Several studies have been conducted in effort to understand the low male involvement in family planning in Indonesia (e.g. Demographic Institute, 1998; Suprihastuti et al., 2000; Setiawan, 2004). Owing to the disparities in socioeconomic, cultural and programmatic characteristic of

regions in Indonesia it is also important to understand the reasons of low male participation in family planning in some other parts of the country. For this purpose, the United Nations Population Fund (UNFPA) Country Office Indonesia funded a study of the causes of low male participation in family planning in its four intervention districts in four provinces (OKI district in South Sumatera, Tasikmalaya district in West Java, Singkawang district in West Kalimantan and Kupang district in East Nusa Tenggara). Therefore, specifically the objective of this study is to examine the patterns and differentials of male participation in family planning and to investigate the factors influencing male participation in family planning in the study areas. It is hoped that the results of the study will be useful for the evaluation of reproductive health intervention programs conducted by the UNFPA as well as for the improvement of the programs in the future.

## **2. MALE PARTICIPATION IN FAMILY PLANNING IN INDONESIA**

Male participation in family planning can be measured through their knowledge of, attitude towards and practice of family planning. Knowledge of family planning includes knowledge of reproductive health including family planning, knowledge of various methods of birth control and knowledge of sources of family planning information. Attitude towards family planning involves opinion towards family planning and decision-making process related to family planning. Practice of family planning consists of ever and current practice of family planning including quality of use, cost and accessibility of methods and source of methods.

Low male participation in family planning can be caused by lack of access to family planning messages. In Indonesia less than half of currently married men were exposed to these messages through mass media. Television is the most effective source of family planning to the men. The results of the 2002-2003 IDHS show that in the past six months the percentage of currently married men who heard or saw a family planning message on the radio was 19%, on television was 50%, in a newspaper/magazine was 23%, in poster was 18% and in pamphlet was 11%. Access of family planning information through these sources was lowest among currently married men who had no education, was highest among those who had secondary or higher education, was higher in urban areas and among those who were aged 25-44.

Moving to attitude towards family planning, higher male family planning participation can be achieved through discussion about family

planning with wife. In fact, almost half of currently married men in Indonesia did it (2002-2003 IDHS). By age group, the percentage of men who discussed family planning with wife was higher among those who were aged 25-39. Across provinces, the figure was highest in Central Kalimantan (73%) and lowest in Bangka-Belitung (31%). In case of their opinion towards family planning, few husbands in Indonesia object to family planning. Only 4.4% of husbands did not approve it (2002-2003 IDHS). By background characteristics, the figure was higher among couples whose wives were older, lived in urban areas and had no education.

Practice of male family planning methods were higher among reproductive age couples whose wives were older. Across provinces use of male sterilization was highest in West Java (1.0%) and no couples practiced it in West Sumatera, Riau, Bangka-Belitung, West Nusa Tenggara, Central Kalimantan and Sulawesi (2002-2003 IDHS). Use of male condom was highest in D.I. Yogyakarta (3.6%) and no couples used it in West Nusa Tenggara, North and Central Sulawesi. Practice of periodic abstinence was highest in East Nusa Tenggara (3.7%) and lowest in West Nusa Tenggara and South Kalimantan (0.2%). Practice of withdrawal method was highest in North Sumatera (5.4%) and no couples practiced it in Central Kalimantan and Gorontalo.

By background characteristics, use of male sterilization was higher among reproductive age couples that lived in rural areas, had low education, had more living children and came from lowest wealth index quintile households. Use of male condom was higher among couples that lived in urban areas, had higher education, had 1-4 children and came from highest wealth index quintile families. Practice of periodic abstinence was higher among couples that lived in urban areas, had higher education, had more living children and came from highest wealth index quintile families. Practice of withdrawal method was higher among couples that lived in rural areas, had higher education, had more living children and came from lowest and upper middle wealth index quintile families.

There has been an increase in the use of male family planning methods (male sterilization, male condom, periodic abstinence and withdrawal method) in Indonesia. The results of the 1991 IDHS show that the use of these methods was 3.2% and increased to 4.4% based on the 2002-2003 IDHS. However, this increase was contributed by the increase of practice of natural family planning methods (periodic abstinence and withdrawal method).

### 3. FACTORS OF MALE PARTICIPATION IN FAMILY PLANNING

A barrier to family-planning use among men is the lack of access to family planning services including information. As study in Kenya (in Touré, 1996) found the willingness of men to participate in family planning was not supported by the availability of male-only clinics as most family planning clinics cater to women. In addition, studies by the NFPCB (1999; 2000) recommended that family planning information should also be directed to men so they can be motivated to plan their number of children and space births in order to produce quality offspring. As in Africa (Touré, 1996), programs to encourage men's involvement in family planning was expanded especially through interventions to increase knowledge and interest of men such as information, education and communication (IEC) campaigns using mass media, and interventions to increase access and use of family planning services by men such as community-based distribution, condom sales and promotion, workplace programs and a few male clinics and vasectomy services. Meanwhile, Suprihastuti et al. (2000) found that the place of residence, that is an indicator of access to family planning services, was one important predictor of practice of male family planning methods in D.I. Yogyakarta.

Availability of male modern contraceptive methods can affect male participation in family planning. A study by the Demographic Institute (1998) found the only two modern male contraceptive methods were considered inadequate for male involvement in family planning. In addition, male condom was more preferred than male sterilization among male users. Male sterilization was considered as the last option if other methods were not suitable for their wives. Meanwhile, a study in Ghana (in Touré, 1996) found that the availability, quality, low price and the advertising were the main reasons users chose a brand of condom.

Cultural factors might affect male involvement in family planning. In society where men culturally dominated decision-making in the family the acceptance of family planning among men might be lower and might be higher. A Study by Setiawan (2004) in West Timor in Indonesia found that male domination in family in some cases was manifested in violence against women and drinking behaviour. This in turn hindered male participation in family planning. When men have more say including in family size and family planning business, their participation would be higher if they supported their partners' practice of family planning. Touré (1996) found that men's support or opposition to their partners' practice of family planning has a

strong impact on contraceptive use in many parts of the world including Africa. In addition, a study in the Philippines found that the continuation rate among women whose husbands support their contraceptive practice was much higher than those husbands did not give support to their wives.

Practice of male family planning methods is higher among couples in which woman makes final decision. The results of the 2002-2003 Indonesia DHS show that the percentage of reproductive age couples who were currently practicing FP was higher for those whose wives had final say in three or more decisions. This indicates that increase in women's authority in family decision can improve male participation in family planning.

Another cultural aspect that can influence male participation in family planning is spouse communications. It is associated positively with contraceptive use. The results of DHS in some countries in Africa show that the percentage of women using modern contraceptives was consistently higher in the group that had discussed family planning with their husbands than in the group that had not discussed it (Touré, 1996). A study in D.I. Yogyakarta found that discussion about family planning between husband and wife affected the practice of male sterilization significantly (Suprihastuti et al., 2000).

Religious factors might promote or inhibit the practice of family planning, depending on someone's perception on the messages in their Holy Book as well as the opinion of religious leaders and religious association. Although only a small proportion (around four percent) of Muslim leaders in Indonesia did not allow family planning the use of male sterilization and it is allowed in emergency situation only (Iswarani and Rahmadewi, 2000). Catholics leaders were more explicit in refusing male sterilization and support only natural family planning methods to control births.

Male community leaders can affect the acceptance of family planning among men. An operations-research study was conducted in Cameroon where male opinion leaders (MOLs) were trained in a variety of health interventions, including family planning, treatment of diarrhoea and antenatal and vaccination referrals and completed IEC activities. The results of the study show that knowledge of and attitude towards family planning improved after the intervention.

#### **4. THEORETICAL FRAMEWORK OF MALE PARTICIPATION IN FAMILY PLANNING**

Several frameworks of factors influencing family planning practice have been proposed (e.g. Simmons and Phillips, 1992; Palmore and Bulatao, 1989; Bulatao, 1989). Bulatao (1989) set up an approach that included factors influencing choice of contraception: contraceptive goals, contraceptive competence, contraceptive evaluation and contraceptive access. Based on the results of previous studies and theoretical framework discussed in the previous section then it is hypothesized that socioeconomic, demographic, cultural, environment and programmatic factors affect male participation in family planning. Bulatao's framework is applied in this study. Contraceptive goal factor used is the number of living children. Contraceptive competence factors used were the women's age, the husband's education, work status and family income. Contraceptive evaluation factors used were wives' approval towards male family planning participation and opinions on the practice of family planning both from socio-cultural and religious perspectives. Contraceptive access factors consist of access to male family planning methods and place of residence.

#### **5. RESEARCH METHODOLOGY**

The data used for the analysis is the results of the Study of the Causes of Low Male Participation in Family Planning and Strategy for Its Improvement. It was conducted in four districts of four provinces in Indonesia (Ogan Komering Ilir--OKI district in South Sumatera, Tasikmalaya district in West Java, Singkawang district in West Kalimantan and Kupang district in East Nusa Tenggara). Field data collection was conducted during December 2004 through January 2005. Two sub-districts were selected purposively in each district, one with highest rate of male family planning participation (high sub-district) and one with lowest male family planning participation rate (low sub-district). Afterward, two villages were chosen purposively in each selected sub-district, one with highest rate of male family planning participation (high village) and one with lowest male family planning participation rate (low village).

Data collection was carried out using a structured questionnaire. Besides, data collection was conducted through in-depth interviews and focus group discussions (FGDs). Respondents in the study are reproductive age couples that have one or more children. In each district, 160 reproductive age couples were selected. These respondents were selected randomly at village

level. Both husband and wife was the respondent of the study. Overall, the number of respondents in the study is 1278, 639 husbands and 639 reproductive age wives. The selection of respondents used the results of the 2004 family registration from the family planning field worker in the village. The type of information collected in the study using structured questionnaire involves information about respondent's background characteristics (demographic, social and economic), knowledge, attitude and practice of family planning, social and cultural value of local people, family planning methods availability and family planning activities in study location.

To examine the patterns and differentials of and the factors influencing male participation in family planning, the results of the study using the structured questionnaire was used. The unit of analysis is the couples. Based on the male FP participation status, the couples were grouped into those who were currently practicing a male FP method, those who were currently practicing a female FP method, those who ever practiced a male or female FP method and those who never practiced any FP method. Male condom, male sterilization, periodic abstinence and withdrawal are considered as male FP methods. Patterns and differentials of male practice in FP were examined according to the socioeconomic, demographic, cultural and programmatic factors of couples. The socioeconomic factors include monthly family income in the last 12 months, working status of both husband and wife, education of husband and wife and place of residence. The demographic factors consist of wife's age and number of living children. The cultural factors include the opinion toward FP according to religious and social norm and wife's attitude toward male FP practice. The programmatic factors contain access to male condom and male sterilization.

To investigate the factors influencing male participation in family planning, a binary logistic regression model was employed. It was hypothesized that the demographic, socioeconomic, cultural and programmatic factors influence the probability of male participation in family planning. The dependent variable Y is the FP practice status that has value of 1 if a husband was currently practicing or ever practiced a male FP method and value of 0 if otherwise.

There are 10 demographic, socioeconomic, cultural and programmatic factors analyzed as independent variables in the model: the wife's age (AGE: metric), number of living children (CHILD: 0-2, 3), husband's education (HEDUC: primary school or less, junior high school, senior high school or higher), wife's working status (WWORK: working, other), husband's working status (HWORK: working, not working), family income (INCOME:



less than one million rupiahs, one million rupiahs or higher), place of residence (RESIDE: urban, rural), district of residence (DISTRICT: Tasikmalaya, other), access to male condom (CONDOM: easy, other) and wife's attitude toward male FP practice (WATTITUDE: approved, did not approve). The binary logistic regression model is

$$\ln \left[ \frac{p}{1-p} \right] = b_0 + b_1 \text{ AGE} + b_2 \text{ CHILD} + b_3 \text{ HEDUC}_2 + b_4 \text{ HEDUC}_3 + b_5 \text{ WWORK} + b_6 \text{ HWORK} + b_7 \text{ INCOME} + b_8 \text{ RESIDE} + b_9 \text{ DISTRICT} + b_{10} \text{ CONDOM} + b_{11} \text{ WATTITUDE}$$

where  $p$  = probability of a husband was currently practicing or ever practiced a male FP method or the probability of  $Y = 1$  and  $b_i$  is the parameter estimate for the intercept and independent variables,  $i = 0, 1, \dots, 11$ .

## 6. PATTERNS AND DIFFERENTIALS OF MALE PARTICIPATION IN FAMILY PLANNING

The percentage of couples based on the male FP participation status and the socioeconomic, demographic, cultural and programmatic factors is displayed in Table 1. The results of the study show that 2.97% of couples in the study were currently practicing a male FP method, 71.2% were currently practicing a female FP method, 16.7% ever practiced a FP method and 9.1% never practiced a FP method. By district of residence, the percentage of couples who were currently practicing a male FP method was lowest in Kupang (1.25%) and highest in Singkawang (5.0%).

Wife's age was grouped into 15-19, 20-29, 30-39 and 40-49. It was found that the older the wife, the higher the percentage of husbands who were practicing a male FP method: none for those whose wives were aged 15-19 and 7.5% for those whose wives were aged 40-49. This finding indicates that husbands from older couples were more willing to practice a male FP method for various reasons particularly to help the wife who experienced side effects from practicing female FP methods.

Couples practice FP in order to limit or space births. Couples who have no children usually practice FP to delay births and hence are more likely to practice short-term FP methods such as male condom. These couples are

also more likely not to practice FP in order to have children. The results of this study confirm these facts as the percentage of couples who were currently practicing a male FP method and who never practiced a FP method was higher among those who had no children (3.85% and 46.2% respectively).

More educated women are more likely to discuss FP matters with their husbands and also to encourage their husbands to practice a male FP method in order to share their FP responsibilities. As this study found, it can be seen that the percentage of couples who were currently practicing a male FP method was highest among couples whose wives had senior high school (*SMA/sekolah menengah atas*) education or higher (4.4%) and thus confirming the argument.

Husbands who have higher education are more willing to practice a male FP method since they are considered to be more likely to understand the consequences of practicing a modern FP method on women and also to share the FP responsibilities. The results of this study confirm this as the higher the husband's education, the higher the percentage of couples who were currently practicing a male FP method: 2.3% for couples with primary school or less educated husbands, 2.4% for couples with junior high school educated husbands and 3.9% for couples with senior high school or higher educated husbands.

**Table 1**  
**THE PERCENTAGE DISTRIBUTION OF COUPLES BY THE MALE FP PARTICIPATION STATUS AND BACKGROUND CHARACTERISTICS, OKI, TASIKMALAYA, SINGKAWANG AND KUPANG, 2004-2005**

Background characteristic	Husband was currently practicing a male FP method	Wife was currently practicing a FP method	Husband/ wife ever practiced a FP method	Husband/ wife never practiced a FP method	Total (n)
<b>Wife's age (year)</b>					
15-19	0.00	50.00	21.43	28.57	100.0 (14)
20-29	2.59	69.83	13.36	14.22	100.0 (232)
30-39	1.47	73.63	18.68	6.23	100.0 (273)
40-49	7.50	70.83	18.33	3.33	100.0 (120)
<b>Number of living children</b>					
0	3.85	19.23	30.77	46.15	100.0 (26)
1-3	2.97	75.25	14.06	7.72	100.0 (505)
4 or more	2.78	64.81	25.93	6.48	100.0 (108)
<b>Wife's education</b>					
Primary school or less	2.58	76.38	14.76	6.27	100.0 (271)
Junior high school	1.40	67.83	20.98	9.79	100.0 (143)
Senior high school or higher	4.44	67.11	16.44	12.00	100.0 (225)

(Continued)

Table 1 (continued)

Background characteristic	Husband was currently practicing a male FP method	Wife was currently practicing a FP method	Husband/wife ever practiced a FP method	Husband/wife never practiced a FP method	Total (n)
<b>Husband's education</b>					
Primary school or less	2.32	74.52	16.60	6.56	100.0 (259)
Junior high school	2.38	69.05	20.63	7.94	100.0 (126)
Senior high school or higher	3.94	68.90	14.96	12.20	100.0 (254)
<b>Family income (thousand rupiahs)</b>					
Less than 500	2.08	67.92	15.42	14.58	100.0 (240)
500 <- 1000	1.93	73.43	16.91	7.73	100.0 (207)
1000 or more	5.21	72.92	18.23	3.65	100.0 (192)
<b>Wife's working status</b>					
Not working	2.83	67.49	20.49	9.19	100.0 (283)
Working/ever worked	3.09	74.16	13.76	8.99	100.0 (356)
<b>Husband's working status</b>					
Not working	0.00	87.50	0.00	12.50	100.0 (8)
Working	3.01	71.00	16.96	9.03	100.0 (631)
<b>FP is against social-cultural norms</b>					
No	2.62	71.80	16.89	8.69	100.0 (610)
Yes	10.34	58.62	13.79	17.24	100.0 (29)
<b>FP is against religious values</b>					
No	2.23	71.65	16.67	9.45	100.0 (582)
Yes	10.53	66.67	17.54	5.26	100.0 (57)
<b>Access to male sterilization</b>					
Not easy/do not know	2.16	70.68	17.45	9.71	100.0 (556)
Easy	8.43	74.70	12.05	4.82	100.0 (83)
<b>Access to male condom</b>					
Not easy/do not know	2.31	67.90	17.55	12.24	100.0 (433)
Easy	4.37	78.16	15.05	2.43	100.0 (206)
<b>Wife approved of male FP practice</b>					
No	0.96	74.64	15.31	9.09	100.0 (209)
Yes	3.95	69.53	17.44	9.07	100.0 (430)
<b>Place of residence</b>					
Urban	2.49	75.10	16.39	6.02	100.0 (482)
Rural	4.46	59.24	17.83	18.47	100.0 (157)
<b>District of residence</b>					
OKI	1.88	97.50	0.63	0.0	100.0 (160)
Tasikmalaya	3.77	76.10	18.87	1.26	100.0 (159)
Singkawang	5.00	64.38	25.63	5.00	100.0 (160)
East Nusa Tenggara	1.25	46.88	21.88	30.00	100.0 (160)
<b>Total</b>	<b>2.97</b>	<b>71.21</b>	<b>16.74</b>	<b>9.08</b>	<b>100.0 (639)</b>

Family income is one among factors that enable couples to have access to health services including reproductive health and FP services. As this study found, the higher the family income, the higher the percentage of couples who were currently practicing a male FP method: 2.1% for couples who had family income less than 500 thousand rupiah, 2.0% for couples who

had family income between 500 thousand and one million rupiah and 5.2% for couples who had family income one million rupiah or more.

Information on health care including FP can be obtained at work place as someone has more interaction with others and is more exposed to information. As the results of this study show that the percentage of couples who were currently practicing a male FP method was higher among couples whose wives were currently working or ever worked (3.1% versus 2.8%) and among couples whose husband were currently working (3.0% versus 0.0%).

Beliefs can affect the acceptance of modern practice including birth control practice. Those who believe that FP is against their socio-cultural norms or religious values might be less likely to practice FP. In this study, husbands were asked whether socio-cultural norms and religious values are against FP practice. It is surprising that the study found that the percentage of couples who were currently practicing a male FP method was higher among those who believed that socio-cultural norms or religious values were against FP practice (10.3% and 10.5% respectively). These results indicate that these opinions did not inhibit the practice of male FP methods in the study location.

Access to FP services is an important factor of the practice of FP since more access to FP services means more acceptability and practice of FP. In addition, usually those who live in urban areas are more likely to have access to these services than those who live in rural areas. As this study found, the percentage of couples who were currently practicing a male FP method was higher among couples who had easy access to male sterilization services and to male condom (8.4% and 4.4% respectively). Besides, couples who lived in urban areas were more likely to practice a male FP method (4.5% versus 2.5%).

Last but not the least, the attitude of wife toward male FP practice is also another important factor in the acceptance of the practice. The results of this study show that the percentage of couples who were currently practicing a male FP method was much higher among the couples whose wives approved of male FP practice (3.95% versus 0.96%).

## **7. FACTORS INFLUENCING MALE PARTICIPATION IN FAMILY PLANNING**

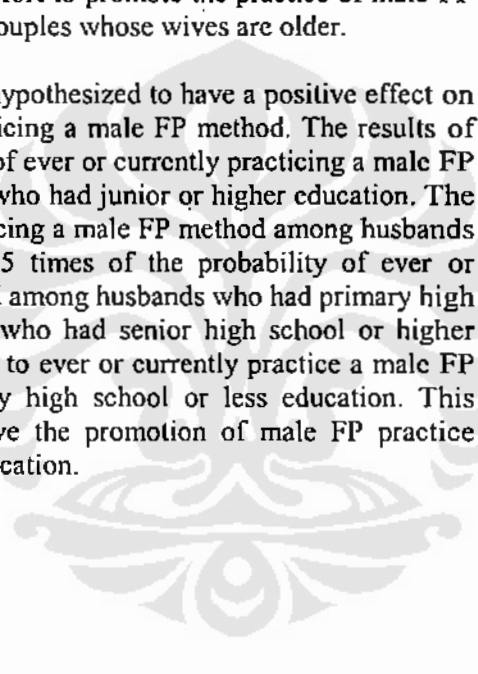
The results of the binary logistic regression analysis are presented in Table 2 in form of parameter estimates, p-value for assessing the

significance of the independent variables and the odds ratio. Using the odds ratio, the likelihood of currently or ever practicing a male FP method between groups of husband within a specific background characteristic can be examined.

The results of the analysis show that after controlling for other factors the background characteristics that statistically and significantly affect the probability of ever or currently practicing a male FP method in the study location are wife's age, husband's education, household income, district of residence, access to male condom and wife's attitude toward male FP practice. The number of living children, working status of both husband and wife and place of residence statistically do not have significant effect on the likelihood of ever or currently practicing a male FP method.

The results of the study support the hypothesis that wife's age affects the probability of ever or currently practicing a male FP method. The older the wife, the higher the probability of ever or currently practicing a male FP method. A year increase in wife's age would increase this probability 1.03 times. This result suggests that any effort to promote the practice of male FP method should consider of targeting couples whose wives are older.

Husband's education is also hypothesized to have a positive effect on the chance of ever or currently practicing a male FP method. The results of the analysis show that the likelihood of ever or currently practicing a male FP method was higher among husbands who had junior or higher education. The probability of ever or currently practicing a male FP method among husbands who had junior high school was 2.5 times of the probability of ever or currently practicing a male FP method among husbands who had primary high school or less education. Husbands who had senior high school or higher education were 2.2 times more likely to ever or currently practice a male FP method than those who had primary high school or less education. This finding supports the need to improve the promotion of male FP practice among husbands who have higher education.



**Table 2**  
**PARAMETER ESTIMATE, P-VALUE AND ODDS RATIO OF**  
**THE BINARY LOGISTIC REGRESSION MODEL FOR CURRENTLY OR EVER**  
**PRACTICING A MALE FP METHOD, OKI, TASIKMALAYA,**  
**SINGKAWANG AND KUPANG, 2004-2005**

Covariate	Parameter estimate	p-value	Odds ratio
Overall	-4.0987	0.0017	0.0166
Wife's age (years)**	0.0341	0.0577	1.0347
Number of living children			
0-2	-	-	1.0000
3 or more	-0.3081	0.3379	0.7349
Husband's education***			
Primary school or less	-	-	1.0000
Junior high school	0.9224	0.0037	2.5152
Senior high school or higher	0.7782	0.0076	2.1776
Wife's working status			
Working	-0.1277	0.5747	0.8801
Other	-	-	1.0000
Husband's working status			
Working	-0.0307	0.9780	0.9697
Not working	-	-	1.0000
Family income (rupiahs)***			
Less than one million	-	-	1.000
One million or higher	0.6973	0.0058	2.0083
Place of residence			
Urban	-0.0057	0.9839	0.9943
Rural	-	-	1.0000
District of residence***			
Tasikmalaya	-	-	1.0000
Other	0.7483	0.0053	2.1134
Access to male condom***			
Easy	0.8072	0.0003	2.2416
Not easy/do not know	-	-	1.0000
Wife's attitude toward male FP practice*			
Approved	0.3886	0.1140	1.4749
Did not approve	-	-	1.0000

Notes: \* significant at p-value=0.15; \*\* significant at p-value=0.10;  
 \*\*\* significant at p-value=0.05, - = reference category.

It was hypothesized that family income influences male FP practice positively. It was found in this study that those who had family income one million rupiah or over were two times more likely to practice a male FP method than those who had family income less than one million rupiah. This result is encouraging in term of that the strategy to improve male participation in FP should be directed more to this segment group of population as they are more likely to have needed resources to do so in particular financial resources.

District of residence is grouped into Tasikmalaya and others to capture the impact of the differentials in the family planning program in Java and Outer Java. Those who lived in Tasikmalaya (in Java) were found to be less likely to practice a male FP method. The results of the study show that among husbands who lived in OKI, Singkawang or Kupang, the likelihood of ever or currently practicing a male FP method was 2.1 times the likelihood of ever or currently practicing a male FP method among husbands in Tasikmalaya. This result shows that although FP program is conducted later in Outer Java, the odds of participating in family planning is higher among their males than among males in Java.

Confirming the hypothesis, the access to male condom is the most important factor in the decision to participate in FP among husbands. The results of the study show that those who had easy access to male condom were 2.2 times more likely to ever or currently practice a male FP method than those who did not have easy access to male condom. Any effort to improve male participation in FP should also improve the access to this modern male FP method that can promote the practice.

The hypothesis that wife's attitude toward male FP practice affects male participation in FP was supported by the results of this study. It was found that the likelihood of ever or currently practicing a male FP method among those whose wives approved of male FP practice was 1.5 times the likelihood of ever or currently practicing a male FP method among those whose wives did not approve of male FP practice. It is possible that wives who do not approve male FP practice do not understand the benefit of the practice on them and only expose the negative impacts of the practice on their marriages.

## 8. CONCLUSIONS

The results of the descriptive analysis show that 2.97% of couples in the study were currently practicing a male FP method, 71.2% were

currently practicing a female FP method, 16.7% ever practiced a FP method and 9.1% never practiced a FP method. The percentage of husbands who were practicing a male FP method was higher among couples whose wives were older, among those who had no children, among couples whose wives or husbands had senior high school (SMA) education or higher, among those who came from higher income families, among couples whose wives were currently working or ever worked and among couples whose husband were currently working, among those who believed that socio-cultural norms or religious values were against FP practice, among couples who had easy access to male sterilization services and to male condom, among couples who lived in urban areas and among couples whose wives approved of male FP practice.

The results of the inferential analysis show that after controlling for other factors the background characteristics that statistically and significantly affect the probability of ever or currently practicing a male FP method in the study location are wife's age, husband's education, household income, district of residence, access to male condom and wife's attitude toward male FP practice. The number of living children, working status of both husband and wife and place of residence statistically do not have significant effect on the likelihood of ever or currently practicing a male FP method. The probability of ever or currently practicing a male FP method was higher among husbands whose wives were older, who had junior or higher education, who had family income one million rupiahs or over, who had easy access to male condom and among husbands whose wives approved of male FP practice.

The results of the study suggest that in order to improve male participation in FP, the access to male FP services should be improved and the socialization of the practice should also continuously be targeted to those whose wives are older, who have higher education, high family income and whose wives are opposed to male FP practice.

## BIBLIOGRAPHY

- Bulatao, R. A. 1989. "Toward a Framework for Understanding Contraceptive Method Choice." In *Choosing a Contraceptive: Method Choice in Asia and the United States*. Edited by R.A. Bulatao, J.A. Palmore & S.E. Ward. Westview, Boulder.
- Central Board of Statistics and National Family Planning Coordinating Board. 1998. *1997 Indonesia Demographic and Health Survey*. Jakarta, Indonesia.
- , 2003. *2002-2003 Indonesia Demographic and Health Survey*. Jakarta, Indonesia.



- Demographic Institute. 1989. *Pengetahuan, Sikap dan Praktek Keluarga Berencana Oleh Pria* (Knowledge, Attitude and Practice of Family Planning Among Men). Demographic Institute of the Faculty of Economics, the University of Indonesia. Jakarta, Indonesia.
- Demographic Institute. 1998. *Faktor-faktor Sosial Budaya yang Mempengaruhi Pemakaian Kontrasepsi Mantap wanita (MOW) dan Kontrasepsi Mantap Pria (MOP) di Jawa Barat dan Nusa Tenggara Barat* (The Effects of Socio-cultural Factors on the Practice of Female and Male Sterilization in West Java and West Nusa Tenggara). Collaboration between the Demographic Institute of the Faculty of Economics, the University of Indonesia and the National Family Planning Coordinating Board. Depok, Indonesia.
- Iswarani and Rahmadewi. 2000. *Buku Sumber untuk Advokasi* (Resource Book for Advocacy). United Nations Population Fund. Jakarta, Indonesia.
- Keluarga Berencana Alamiah* (Natural Family Planning).  
<http://members.rogers.com/hilwan/kba1/htm>.
- Kompas*. 2000. "Peserta KB Pria di Indonesia Hanya 1,1 Persen" (Male Family Planning Acceptor Only 1.1 %). Jakarta, July 29.
- Kontrasepsi dan Aborsi* (Contraception and Abortion).  
<http://members.lycos.nl/adangmustopa/newpage7.html>.
- National Family Planning Coordinating Board. 1999. *Peningkatan Peran Komponen KIE Dalam Gerakan KB Nasional: Studi Kualitatif Peran Pria dalam Penggunaan Kontrasepsi di DKI Jakarta dan D.I. Yogyakarta* (The Improvement of the Role of Information, Education and Communication Component in Family Planning Movement: A Qualitative Study of the Role of Men in Contraceptive Use in DKI Jakarta and D.I. Yogyakarta). Collaboration between Center for Research on Health Service Development (*Pusat Penelitian Pengembangan Pelayanan Kesehatan*) of the National Family Planning Coordinating Board and Research and Development Division (*Badan Penelitian dan Pengembangan*) of Ministry of Health, Jakarta, Indonesia.
- National Family Planning Coordinating Board (*Badan Koordinasi Keluarga Berencana Nasional*). 2000. *Pedoman Penggarapan Peningkatan Partisipasi Pria Dalam Program KB dan Kesehatan Reproduksi yang Berwawasan Jender* (Guidelines for the Improvement of Men in Gender-based Family Planning and Reproductive Health Program). Jakarta
- Palmore, J. A. and Bulatao, R. A. 1989. "The Contraceptive Method Mix: An Overview." In: *Choosing a Contraceptive: Method Choice in Asia and the United States*. Edited by R.A. Bulatao, J.A. Palmore and S.E. Ward. Westview, Boulder.
- Pikiran Rakyat*. 2000. "Peran Pria Masih Rendah Ikut KB" (Male Participation in Family Planning is Still Low). Bandung, November 2000.
- , 2002. "Tahun 2003, Pria akan Jadi Sasaran Program KB" (In 2003 Men Will be the Target of Family Planning Program). Bandung, October 2002.

- Setiawan, Bayu. 2004. Barriers to Male Participation in Family Planning in West Timor. *Asia-Pacific Population Journal*. Bangkok, Thailand.
- Simmons, R. and Phillips J.F. 1992. The Proximate Operational Determinants of Fertility Regulation Behaviour. In: *Family Planning Programs and Fertility*. Edited by J.F. Phillips and J.A. Ross. Clarendon Press, Oxford.
- Suara Merdeka*. 2002. "Mayoritas Pria Enggan Ber-KB" (Majority of Men Do Not Want to Practice Family Planning). Jakarta, June 2002.
- Suara Pembaruan*. 2000. "Akseptor KB Pria Hanya Tiga Persen" (Male Family Planning Acceptor Only Three Percent) Jakarta, July 2000.
- Suprihastuti et al. 2000. *Pengambilan Keputusan Penggunaan Alat Kontrasepsi Pria di Indonesia (Analisis Lanjut Hasil SDKI 1997) di Yogyakarta*. (Decision-Making in Male Contraceptive Use (The Analysis of the 1997 Indonesia DHS) in Yogyakarta).
- Toure, Lala. 1996. Male Involvement in Family Planning: A Review of the Literature and Selected Program Initiatives in Africa [.....sara.aed.org/publications/...../family\\_planning/html/male.htm](http://www.sara.aed.org/publications/...../family_planning/html/male.htm).
- Underwood, Carol. 2000. *Persepsi Pemimpin Islam Yordania terhadap Keluarga Berencana (The Perception of Jordanian Muslim Leader Towards Family Planning)* <http://www.bkkbn.go.id/hqweb/bkkbn/c03kb02.htm>.
- United Nations/UN. 1995. *Population and Development Programme of Action Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994*.
- United Nations Development Programme/UNDP. 2004. *Human Development Report 2003*. New York, USA.

---

**Omas Bulan Rajagukguk, Ph.D.** Associate Director on Research, Education and Training at the Demographic Institute Faculty of Economics, University of Indonesia; Secretary and Lecturer at the Study Program on Population and Human Resources, University of Indonesia; Lecturer at the Faculty of Economics University of Indonesia as well as Senior Researcher at the Demographic Institute at the same university.  
E-mail: [omasbr@ldfeui.org](mailto:omasbr@ldfeui.org); Phone: (62-21) 787 2911; Fax: (62-21) 787 2909.

**Sapruddin M. Pervira.** Researcher at the Demographic Institute, Faculty of Economics University of Indonesia.

**Nargis.** Researcher at the Demographic Institute, Faculty of Economics University of Indonesia.

**Purwanto Teguh Widodo.** Researcher at the Demographic Institute, Faculty of Economics University of Indonesia.